



Division Guideline #11

Date: **Created September 15, 2011**
 Revised July 31, 2012 (effective July 1, 2012)
 Revised July 17, 2013
 Revised May 20, 2014

Title: **Implementation Guidelines for DD Waivers: Comprehensive; Support; Partnership for Hope (PfH); Autism; and Missouri Children with Developmental Disabilities (MOCDD)**

Application: **Service Definitions at a Glance**

Implementation Guidelines for services offered in all 5 waivers. This implementation guideline is not the complete definition for each service--this is a quick reference. This is designed as an easy to read short description of the services that are offered in each of the waivers. For a more detailed understanding of the services definition, as well as the qualified providers, please refer to the HCB waiver manual at the following link:

<http://dmh.mo.gov/dd/manuals/waivermanuals.htm>

Assistive Technology All Waivers

- AT items examples (not an exhaustive list):
- Includes Personal Emergency Response System (PERS)
- Includes Medication Reminder System (MERS)
- May also include (which may be subject to human rights review):
 - Electronic surveillance/monitoring system using video
 - Web-Cameras
 - Electronic motion sensor devices
 - Door alarms
 - Telephones with modifications
 - Telephones equipped with picture buttons
 - Devices that may be affixed to a wheelchair
 - Text to speech software
 - Enhanced images for individuals with low vision
 - Hearing aids for adults
- Cannot include household appliances, items for diversional or recreational purpose
- Should be evidence based and not experimental

- Must meet the Underwriters Laboratories Inc. (UL) standard for home health care signaling equipment
- Emergency response activators must be able to be activated by breath, touch or some other means and must be usable by persons who are visually or hearing impaired or physically disabled
- A device must not interfere with normal telephone use
- PERs and MERS must be capable of operating without external power during a power failure
- Shall not duplicate services otherwise available through State Plan
- Must enable individuals to be less dependent upon direct human assistance
- Cost limit is \$3,000 per waiver year (7/1-6/30 for Comprehensive, Support and Autism Waivers; 10/1-9/30 for MOCDD and PFH Waivers)
- Exceptions are allowed over the annual spending cap with the director or designee approval

Medicaid procedure code:

- Assistive Technology A9999
 - Unit of Service: 1 job/item
 - Maximum Units of Service: 1/month

Behavior Analysis Service All Waivers

- Designed to help individuals demonstrating significant deficits (challenges) in the areas of behavior, social, and communication skills acquire functional skills in their home and communities
- Assist an individual to learn new behavior directly related to existing challenging behaviors or functionally equivalent replacement behaviors for identified challenging behaviors
- Includes monitoring of data from continuous assessment of the individual's skills in learning, communication, social competence, and self-care
- Senior Behavior Consultant and Behavior Intervention Specialist (BIS) may be authorized in conjunction with an Functional Behavior Assessment (FBA)
- Not intended to be an ongoing service
- Initial authorization may not exceed 270 days
- One subsequent authorization may be approved, not to exceed an additional 90 days in that annual plan year
- **Senior Behavior Consultant**
 - Consists of design, monitoring, revision and/or brief implementation of 1:1 behavioral interventions described in the individual's behavior support plan (BSP)
 - Utilized for situations involving complex behavioral issues such as severe aggression or self injury or when multiple behavioral challenges have been identified, many interventions have been unsuccessful or challenges have a long history of occurrence
- **Behavior Intervention Specialist (BIS)**
 - Ongoing management of behavior analysis service
 - Participating in the development of the BSP and document as a team participant
 - In these more complex cases, the BIS services as a "bridge" between the Senior Behavior Consultant and the other service providers, family and supports the individual receives
 - At minimum, the BIS will provide:
 - Face to Face in home training on the BSP
 - Shall include training for meals, hygiene, school and/or community activities, weekends and evenings noted in the BSP as particularly challenging
 - Ongoing management involves collecting and analyzing data for the effectiveness of the BSP, fidelity of implementation of the BSP and reliability of the data, adjustments and revisions to the plan
- **Functional Behavior Assessment (FBA)**
 - Process of the FBA includes gathering and written and oral history of the individual including data, interview of significant individuals who have been involved during challenging times as well as other times, observation of the person in a variety of situations, data collection and review

- FBA's are limited to every two years unless needed more frequently due to changes in the individual's situation

Medicaid procedure code(s):

- Senior Behavior Consultant: H2019HO
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 32/ Day
- Behavior Intervention Specialist: H2019
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 48/ day
- Functional Behavior Assessment: H0002
 - Unit of Service: 1 assessment
 - Maximum Units of Service: 1 assessment/2 years

Communication Skills Instruction Comprehensive & Support Waivers

- Intended to assist individuals with minimal language skills (MLS) to use systematic communication to help individuals communicate with people around them
- Includes both assessment/evaluation and training
 - Initial assessment of the individual's communication skills and determine the need for instruction
 - Measures the number of ASL or home signs used, finger spelling, use of gestures, writing on paper, consistency in communication with a variety of others deaf and hearing
 - Evaluation of the outcome of the instruction occurs at six month intervals which includes communication skills in social, vocational and leisure situations and the need for continued instruction and/or other intervention
- Instruction includes:
 - Teaching a new communication system or language or enhancing a deaf individual's established minimal language skills

Medicaid procedure code:

- Communication Skills Specialist: H2014
 - Unit of Service: 15 minutes
 - Maximum Unit of Service: 32/day

Community Specialist All Waivers

- Includes professional observation and assessment, individualized program and design and implementation and consultation with caregivers
- May include advocating for the individual, assisting the individual in locating and accessing services and supports in their field of expertise
- Assist the individual and caregivers to design and implement specialized programs to enhance self direction, independent skills, community integration, social, leisure and recreation.
- This service can be self-directed
- This service could be authorized instead of Personal Assistant (PA), depending on the reason for the PA
- This is a direct waiver service

Medicaid procedure code:

- Community Specialist: T1016
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 96/day
- Community Specialist, Self Directed: T1016U2
 - Unit of Service: 15 minutes

- Maximum Units of Service: 96/ day

Community Transition **Comprehensive waiver only**

- A one-time set-up expense for individuals who transition from an institution to a less restrictive community living arrangement such as:
 - Home
 - Apartment
 - Community-based living arrangement
- Examples of expenses that may be covered:
 - Expenses to transport furnishings and personal possessions to new living arrangement
 - Essential furnishing expenses required to occupy and use a community domicile
 - Security deposits that are required to obtain to lease an apartment or home that does not constitute paying for housing rent
 - Utility set-up fees or deposits for utility or service access:
 - Telephone
 - Water
 - Trash removal
- Essential furnishings may include:
 - Bed
 - Table
 - Chairs
 - Food preparation items
- Shall not include:
 - Monthly rental or mortgage expense
 - Food
 - Regular utility charges
 - Household appliances
 - Items that are intended for purely diversional or recreational purposes:
 - Televisions
 - Cable TV access
 - VCRs
 - DVD players
- Cost limit is \$3,000

Medicaid procedure code:

- Community Transition: T2038
 - Unit of Service: 1 job
 - Maximum Units of Service: 1/month

Co-worker Supports **Available in Comprehensive, Support and PfH Waivers**

- Designated provider agencies to contract with a business to provide Co-worker supports as a part of the natural workplace
- Assist in positive work-related habits, attitudes, skills and work etiquette directly related to their specific employment
- Assist the individual to become a part of the informal culture of the workplace
- Include orienting the individual to health and safety aspects/requirements of their particular job
- Individuals are employed by a business and are paid minimum wage or better
- Differs from Community Employment in that it creates opportunity for services/supports to be provided by the local business' employee where the individual is employed

- A peer employee will have a better understanding of the businesses culture, the organizational structure, and the informal culture than will the developmental disabilities professional who provides Community Employment
- Mentoring from a fellow employee increases opportunities for acceptance into and thus success in the workplace community
- A full continuum of job supports that could begin with job preparation, move to job discovery, then community employment
- The least intensive support being provided through Co-worker job supports
- It is not necessary for an individual to progress along this continuum, depending upon the individual's skills, abilities and needs, identified during the person-centered planning process
- They may start at any point; skip steps in the continuum, or transition back into a service where more supports are available
- May not receive Job Discovery, Job Preparation, or Community Employment, at the same time they receive Co-worker supports
- It is intended to be of short duration
- The Division of DD or contracted provider performs oversight, just as they do in other waiver services.

Medicaid procedure code:

- Co-worker Supports: H0038
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 32 units/day

Counseling Available in Comprehensive and Support Waivers

- Goal oriented counseling to maximize strengths and reduce behavior problems, which interfere with an individual's, personal, familial, and vocational or community adjustment
- May be provided to individuals and families when the individual is present with the family
- Not available to children who are eligible for psychology/counseling services reimbursed under Healthy Children and Youth (EPSDT)
- Includes psychological testing, initial assessment, periodic outcome evaluations and coordination with family members, caretakers, and other professionals in addition to direct counseling
- Planning team must ensure this service does not duplicate another services for the individual
- May only be covered under the waiver when a prior authorization request has been submitted to and denied by MO HealthNet

Medicaid procedure code:

- Counseling: H0004TG
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 32/day

Crisis Intervention Available in Comprehensive, Support and MOCDD Waivers

- Provides immediate therapeutic intervention available to an individual on a 24- hour basis to address personal, social, and/or behavioral problems which otherwise are likely to threaten the health and safety of the individual or of others and/ or to result in the individual's removal from his current living arrangement
- May be provided in any setting and includes consultation with family members, providers, and other caretakers to design and implement individualized crisis treatment plans and provide additional direct services as needed to stabilize the situation
- Components may include the following:
 - Analyzing the psychological, social, and ecological components of extreme dysfunctional behavior or other factors contributing to the crisis
 - Developing and writing an intervention plan

- Providing intensive direct supervision when an individual is physically aggressive or there is concern that the individual may take actions that threaten the health and safety of self or others
- Directly counseling or developing alternative positive experiences for individual who experiences severe anxiety and grief when changes occur with job, living arrangements, primary caregiver, death of a loved one, etc.
- Expected to be of brief duration (4 to 8 weeks maximum)
- Needs for the eligible individuals that can be met through State Plan, including EPSDT crisis services, as applicable, shall first be accessed and utilized

Medicaid procedure code:

- Crisis Intervention, Professional: S9484
 - Unit of Service: Hour
 - Maximum Units of Service: 24/day
- Crisis Intervention, Technical: S9484HM
 - Unit of Service: Hour

Dental Available in PfH Waiver only

- Those procedures necessary to control bleeding, relieve pain, and eliminate acute infection
- Operative procedures that are required to prevent the imminent loss of teeth
- Preventive dental treatment – Examinations, oral prophylaxes, and topical fluoride applications
- Therapeutic dental treatment – Treatment that includes, but is not limited to, pulp therapy for permanent teeth; restoration of carious permanent teeth; and limited provision of removable prostheses when masticatory function is impaired, when an existing prosthesis is unserviceable

Medicaid Procedure Code:

- Dental Service: T2025
 - Unit of Service: 1 visit
 - Maximum Units of Service: 1/day

Environmental Accessibility Adaptations/Vehicle Modifications All Waivers

- Physical adaptation required by the individual's service plan which are necessary to ensure health, welfare, and safety
- Enables the individual to function with greater independence in the community and without which would require institutionalization
- Adaptations may include:
 - Installation of ramps
 - Grab-bars
 - Widening of doorways
 - Modifications of bathroom facilities
 - Installation of specialized electric and plumbing systems necessary to accommodate the medical equipment and supplies
- Exclusions include:
 - Adaptations or improvements to the home which are not of direct medical or remedial benefit to the individual, such as:
 - Carpeting
 - Roof repair
 - Central air conditioning
 - Adaptations that add square footage to the home except when necessary to complete an adaptation

- May be approved for living arrangements (house or apartments) where the individual lives, owned or leased by the individual
 - Adaptations cannot be completed in provider owned housing
- May be completed in the individual's home or vehicle
- Must be recommended by an Occupational or Physical Therapist
- All services must be provided in accordance with applicable state or local building codes
- Cost limit is \$7,500 per waiver year (7/1-6/30 for Comprehensive, Support and Autism Waivers; 10/1-9/30 for MOCDD and PflH Waivers)

Medicaid procedure code:

- Environmental Accessibility Adaptations/Vehicle Modifications: S5165
 - Unit of Service: 1 job
 - Maximum Units of Service: 1/month

Group Community Employment Available in Comprehensive, Support and PflH Waivers

- Competitive work in an integrated work setting with on-going support services
- Must be identified in the individual's support plan
- Must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those work places
- The outcome of this service is sustained paid integrated community based employment
- Compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities
- Small group employment support does not include vocational services provided in facility-based work settings. Group Community Employment services are delivered in regular business and industry settings for groups of no more than six (6) workers with disabilities. With written approval from the Regional Director the group size may be up to eight (8) workers
- Group Community Employment services may include:
 - Job development and placement
 - On-the-job training in work and work-related skills
 - Ongoing supervision and monitoring of the person's performance on the job
 - Training in related skills needed to obtain and retain employment such as using community resources and public transportation, and
 - Negotiation with prospective employers.

Medicaid Procedure Code:

- Group Community Employment: H2023 HQ
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 32/ day (8 hours)

Group Home Comprehensive waiver only

- Service provides care, supervision and skills training in activities of daily life, home management and community integration
- Group homes, residential care centers, and semi-independent living situations (clustered apartment programs) licensed or certified by DMH
- Owned and operated by private or public agencies
- Receives a per-diem rate for each person which includes:
 - Self-care, sensory/motor development, interpersonal skills, communication, behavior shaping, community living skills, mobility, health care, socialization, money management and household responsibilities
 - Salary, benefits, and training cost of direct program staff, supervisory staff
 - Habilitation supplies and equipment not specifically prescribed for one individual

- Staff supervision up to 24 hours
- Transportation is included in the rate
- Excludes services, directly or indirectly, provided by the individual's immediate family

Medicaid procedure code:

- Group Home: T2016HQ
 - Unit of Service: Day
 - Maximum Units of Service: 1/Day
- Group Home Intensive Rate: T2016HQ
 - Unit of Service: Day
 - Maximum Units of Service: 1/ Day
- Group Home Transition: T2016HQ
 - Unit of Service: Day
 - Maximum Units of Service: 1/ Day

Independent Living Skills Development (ILSD)
and PfH Waivers

Available in Comprehensive, Support, MOCDD

- Focuses on skill acquisition/development, retention/maintenance to assist the individual in achieving maximum self-sufficiency
- Assists the participant to acquire, improve and retain the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings
- Individuals who receive Group Home or Individualized Supported Living may receive this service; their group home or ISL budget will clearly document no duplication in service
- This service has three distinct components which are listed below:

Home Skills Development:

- Includes but is not limited to cooking, personal care, house cleaning, and laundry
- Assists the participant to acquire, improve and retain the self-help, socialization, adaptive, and life skills necessary at home
- Takes place in the participant's residence
 - including group homes
 - the individual's private home where they may or may not have unrelated housemates
 - Or in the home of a family member with whom the participant resides
- Services may be provided on an individual basis or for groups up to 6

Day services:

- Provided at a stand-alone licensed or certified day program facility, which is not physically connected to the participant's residence
- Assist the participant to acquire, improve and retain the self-help, socialization, adaptive, and life skills necessary at home or in the community
- Costs for transporting the participant from their place of residence to the day program site are not included in the day service rate, and waiver transportation may be provided and separately billed

Community Integration:

- Teaches all skills needed to be part of a community, such as:
 - Using public transportation
 - Making and keeping medical appointments
 - Attending social events,
 - Any form of recreation
 - Volunteering
 - Participating in organized worship or spiritual activities.
 - Transportation costs related to the provision of this service in the community are included in the service rate

- May receive any combination of these three components on the same day, as long as documentation clearly shows no overlap
- Home skills development may not be provided to any waiver participant who also receives host home supports.
- Participants who live with host families receive day services and/or community integration

Medicaid procedure code(s):

- Home Skills Development (provided at a person's residence), Individual and Group
 - S5108 Individual
 - Unit of Service: 15 minutes
 - Maximum units of Service: 32/ day (8 hours)
 - S5108 HQ Group
 - Unit of Service: 15 minutes
 - Maximum units of Service: 32/ day (8 hours)
- Day Service (at a facility), Individual and Group
 - T2021 On-Site, Individual
 - Unit of Service: 15 minutes
 - Maximum units of Service: 32/ day (8 hours)
 - T2021 HQ On-Site, Group
 - Unit of Service: 15 minutes
 - Maximum units of Service: 32/ day (8 hours)
- Community Integration (in the community-not in the person's home or at a day service facility), Individual and Group
 - T2021 SE Individual
 - Unit of Service: 15 minutes
 - Maximum units of Service: 48/ day (12 hours)
 - T2021 HQ SE Group
 - Unit of Service: 15 minutes
 - Maximum units of Service: 32/ day (8 hours)

Individual Community Employment Available in Comprehensive, Support and PfH Waivers

- Competitive work in an integrated work setting with on-going support services for individuals with developmental disabilities
- Must be identified in the individual's support plan
- Must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those work places
- The outcome of this service is sustained paid integrated community based employment where the individual has chosen to become employed (including self-employment situations) and work experience leading to further career development
- The individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities
- Individual Community Employment services may include:
 - Individualized job development and placement
 - On-the-job training in work and work-related skills
 - Ongoing supervision and monitoring of the person's performance on the job
 - Training in related skills needed to obtain and retain employment such as using community resources and public transportation, and
 - Negotiation with prospective employers

Medicaid procedure code:

- Community Employment, Individual: H2023
 - Unit of Service: 15 minutes
 - Maximum units of Service: 32/ day (8 hours)

Individualized Supported Living (ISL)**Comprehensive Waiver only**

- Enables individuals to be fully integrated in communities
- Delivered in a personalized manner to individuals who live in homes of their choice
- Individuals may choose with whom and where they live
- Personal preference and desires of those served are respected
- No more than 4 individuals receiving ISL services may share a residence
- Each individual must have a private bedroom
 - Couples sharing a home where one or both receive ISL services may share a bedroom if they so choose
- Budgets are individually planned
- May also include assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)
- Supervision up to 24 hours
- May receive a combination of habilitation and personal support services
- Each individual has the free choice of provider and is not required to choose the same ISL provider as their housemates
- Must be owned or leased by at least one of the individuals residing in the home
- ISL budgets include:
 - Direct Support Staff
 - Travel
 - Back-up and safety net supports
 - Monthly RN oversight
 - Administrative costs
- No payments made for supports provided, directly or indirectly, by members of the individual's immediate family
- May not receive State Plan Personal Care if receiving ISL service

Medicaid procedure code:

- Individual Supported Living: T2016
 - Unit of Service: Day
 - Maximum Units of Service: 1/ Day

In-Home Respite**Comprehensive; Support; MOCDD and Autism Waivers**

- Care provided to an individual who is unable to care for themselves, on a short term basis, because relief is needed for caregivers
- Cannot be provided by paid caregivers
- Cannot be in lieu of daycare for children
- Cannot take the place of day service programming for adults
- Usually one on one basis
- May include up to three people at a time
- In the individual's home
- Cannot self direct in-home respite

Medicaid procedure code:

- In-Home Respite, Day: S5151
 - Unit of Service: Day

- Maximum Units of Service: 1/ Day
- In-Home Respite, Individual: S5150
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 40/ Day
- In-Home Respite, Group: S5150HQ
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 40/ Day

Job Discovery **Available in Comprehensive, Support, and PfH Waivers**

- Includes, but not limited to:
 - Volunteerism
 - Self-determination
 - Self- advocacy (assisting an individual in identifying wants and needs for supports and in developing a plan for achieving integrated employment)
 - Job exploration
 - Job shadowing
 - Employment preparation (resume development, work procedures)
 - Business plan development for self-employment
- Time limited to 3 months and will result in the development of a career profile, career plan or employment goals
- Additional monthly increments must be preauthorized by the Division of DD
- Will not cover Vocational Rehabilitation (VR) services
- Must exhaust VR benefits
- Must be paid in accordance with US Fair Labor Standards Act of 1985
- May be provided in a community workplace setting or at a licensed, certified or accredited facility of a qualified job discovery service provider

Medicaid procedure code:

- Job Discovery, Individual, On-site: T2019
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 32/ Day
- Job Discovery, Individual, Off-site: T2019SE
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 32/ Day

Job Preparation **Available in Comprehensive, Support, and PfH Waivers**

- Provides training and work experience intended to teach an individual the skills necessary to succeed in paid community employment
- Skills training may include:
 - Volunteerism
 - Following directions
 - Focusing on tasks
 - Completing tasks
 - Responding appropriately to supervisors/co-workers
- Training may also address workplace social skills such as:
 - Appropriate work place attire
 - Hygiene
 - Interaction with co-workers/supervisors
- Should be a pathway towards individualized employment

- Demonstration of progress towards employment
- May be provided on or off site in the community
- Transportation cost for this service is in the unit rate
- Transportation to and from the residence is not included
- With written approval from the RO director Job Preparation may serve up to eight (8) individuals
- A limit of two years

Medicaid procedure code:

- Job Preparation, On-site, Individual: H2025
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 32/ Day
- Job Preparation, On-site, Group: H2025HQ
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 32/ Day
- Job Preparation, Off-site, Individual: H2025SE
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 48/ Day
- Job Preparation, Off-site Group: H2025HQSE
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 32/ Day

Occupational Therapy (OT) Available in Comprehensive, Support, and PfH Waivers

- Requires a prescription by a physician and evaluation by a certified Occupational Therapist or Certified Occupational Therapeutic Assistant (COTA) under the supervision of an OT
- Includes:
 - evaluation plan
 - development
 - direct therapy
 - consultation and training of caretakers and others who work with the individual
 - therapeutic activities carried out by others under the direction of an OT or COTA
 - Examples are:
 - Using adaptive equipment
 - Proper positioning
 - Therapeutic exercises
- OT is covered under State Plan for children and adults. State Plan must be accessed, utilized, and exhausted before waiver service should be authorized

Medicaid procedure code:

- Occupational Therapy: 97535
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 8/ Day
- Occupational Therapy, COTA: 97535
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 8/ Day
- Occupational Therapy, Consultation: 97535
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 8/ Day

Out of Home Respite Available in Comprehensive, Support, MOCDD and Autism Waivers

- Planned relief to the customary caregiver
- Not intended to be permanent placement
- Provided outside the home in a licensed, accredited or certified waiver residential facility, ICF/DD or State Habilitation Center
 - Out of home respite is limited to no more than 60 days annually. This limit may be exceeded on an individual basis when necessary to protect the health and welfare of a waiver participant subject to the approval of both the county board and regional directors
 - Out of home respite is available as a daily unit or 15 minute unit. 15 minute units are authorized for dates the services are delivered on a less than 24 hours basis

Medicaid procedure code:

- Out of Home Respite, Day: H0045
 - Unit of Service: Day
 - Maximum Units of Service: 1/ Day
- Out of Home Respite: H0045
 - Unit of Service: 15 minutes
 - 15 minute units are billed for dates the service is delivered on less than a 24 hour basis.

Personal Assistance Available in all Waivers

- Includes assistance with any Activity of Daily Living (ADLs)
 - ADLs would include:
 - Bathing
 - Toileting
 - Meal preparation
 - Incidental household cleaning
 - Laundry
- Includes assistance with Instrumental Activities of Daily Living (IADLs)
 - IADLs would include:
 - Shopping
 - Banking
 - Budgeting
 - Recreation and leisure activities
 - Social interaction
- May also include general supervision and protective oversight which may be provided through remote monitoring technology.
- Individual or small group up to three people at a time
- With Regional Director approval, groups may consist of 4-6 individuals
- Team Collaboration allows the individual's employees to participate in the service plan and to meet as a team to ensure consistency
- Team Collaboration is covered under administration component of Personal Assistant (PA) paid to agency-based
- Team Collaboration for individuals who are self-directing Personal Care Service (PAS) can be included in the individual budget up to 90 hours per plan year
- Cannot be provided by individual's spouse, parent of a minor child or legal guardian
- Can be provided by family members other than the family listed in bullet above
- Family member cannot exceed 40 hours per week
- Family member serving as a paid PA shall not also be the designated representative/common law employer
- State Plan PCS must be utilized and exhausted prior to using waiver PAS for children and adults

- Not available to waiver recipients who reside in Community Residential facilities (Group Homes and Residential Care Centers)
- Individuals who receive ISL service shall not receive PAS in their home but can receive in the community as long as it is not included in the ISL budget
- PA can occur in the individual's home and community (including work settings)
- PA in workshops should only be for ADLs and IADL, not as job supports
- For PA qualifications, training and further detail, please see the Waiver Manual
- This service can be self-directed

Medicaid procedure code:

- Personal Assistant, Individual, Self Directed: T1019U2
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 96/ Day
- Team Collaboration, Self-Directed: G9007 U2
 - Units of Service: 15 minutes
 - Maximum Units of Service: 96/Day
- Personal Assistant, Agency, Contractor: T1019
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 96/ Day
- Personal Assistant, Group Size 2-3: T1019HQ
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 96/ Day

Personal Assistant Services: Specialized Medical/Behavioral

Specialized Behavioral Personal Assistance:

- The following must have been met:
 - Documented efforts to maximize the individual's ability to communicate with others;
 - Documented implementation of preventive strategies and outcomes of those strategies;
 - The need to pursue more intensive behavior support strategies in the plan;
 - An initial screening for medical, psychiatric or pharmacological causes has been completed, and; and prior to approval of funding:
 - The ISP has gone through review process, and;
 - Reviewed by the Regional Behavior Supports Review Committee to determine the above have been completed.
- The specialized behavioral personal assistant *must* adhere to the same requirements as outlined for the Co-Worker Supports.
- Additional requirements are as follows:
 - Received training and holds current certification on positive behavioral support intervention strategies or Tools of Choice training;
 - Agency Degreed Professional Manager completed a DMH approved Positive Behavior Support Training or Tools of Choice training, and;
 - Must be trained on the specific individual's behavior support strategies.

Specialized Medical Personal Assistance:

- The following must have been met:
 - Identified the individual's level of care requires either the:
 - Direct delivery of care by a licensed medical professional or,
 - Training, delegation and periodic supervision of care by a licensed medical professional*.
- *Licensed Medical Professional as defined by the Nursing Practice Act Chapter 335. RSMo.
- The ISP documents the need and timeline for review of service.

- The specialized medical personal assistant must adhere to the same requirements as outlined for the Individual Provider Employed by Individual or Family.
 - The specialized medical personal assistant must adhere to the same requirements as outlined for the Individual Provider Employed by Individual or Family.
 - Additional requirements are as follows:
 - Received training related to the individual's medical needs as prescribed by the physician or advanced practice nurse.
 - Received training by a licensed medical professional, demonstrated competency in all instructed procedures;
 - Being delegated the task as determined by the supervising licensed medical professional*.
- *Licensed Medical Professional as defined by the Nursing Practice Act Chapter 335. RSMo.

Medicaid procedure code:

Medicaid procedure code(s):

- Personal Assistant, Medical/Behavioral, Self Directed: T1019TGSE
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 96/ Day
- Personal Assistant, Medical/Behavioral, Agency, Contractor: T1019TG
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 96/ Day

Person Centered Strategies Consultation (PCSC) Available in all Waivers

- Consultation to the individual's support team to improve the quality of life for the individual through the development of and implementation of positive, proactive and preventative, and Person Centered Strategies
- PCSC involves:
 - Evaluating residential or family systems supporting an individual for changes in strategies to promote more positive interactions between the individual and supporting staff or family
 - Identify skills that would help the individual to have a better quality of life
 - Assist the support staff/family to teach meaningful skills to the individual and identify ways to proactively prevent problem situations
 - Teach support staff/family to use these new strategies and problem solving techniques for the individual
 - Strategies developed could include:
 - Clarifying the expectations of the support team and the individual, and
 - Establishing positive expectations or rules for the individual with the support team learning to change their system to support in these more positive ways
 - Improving recognition of desirable actions and reduction of problematic interactions that might evoke undesirable responses from the individual
- Will involve assisting the support system to develop a sustainable implementation plan and to insure a high fidelity of implementation and consistency of use of the strategies to assist and support the individual
- PCSC might work towards improved quality of life for the individual through:
 - Training of support persons and developing a way for the support system to monitor and evaluate the interactions and systems
 - Increasing recognition of desirable actions by the individual and the support team, increased frequency and types of positive interactions by support persons with and by the individual
 - Assisting the individual and support team to arrange practice opportunities such as social skills training groups
 - Arranging a system of coaching and prompting for desirable actions in situations that commonly are associated with problems

- Establish and lead such practice opportunities while coaching support person to continue the practice when the service is discontinued
- This service is not to be provided for development or implementation of behavior support plans or functional assessment as these services require licensure as a behavior analyst, psychologist, counselor or social worker with specialized training in behavior analysis
 - This service might work in conjunction with a behavior analysis service provider to develop and establish a support system that can implement strategies towards a good quality of life for the individual
- PCSC differs from the Behavior Analysis Service:
 - The focus and whole scope of the service is on identifying barriers to a good quality of life and improving proactive, preventative and teaching based strategies to increase desirable, healthy skills and thus reduce problem situations
 - Require providers with a less involved level of training and experience than BAS.
- Outcomes expected for this service are as follows:
 - Written document of the evaluation of the system to identify problem strategies and practices and relate these to the quality of life for the focus individual
 - Summary of strategies developed with the support team to address the identified problems and practices based on the evaluation.
 - Training for the support team to implement the strategies and collect data to determine effectiveness of the strategies
 - A written document to insure the implementation of the new strategies with fidelity and consistency by the support team after the PCSC is completed
- Documentation for the service:
 - Identification of the outcome being addressed during the service unit(s) for a particular session
 - Description of progress towards the outcome
 - Actions steps and planning for the next service sessions including a timeline and steps necessary to achieve the outcome
- This is a short term service, to be twelve months or less
- Psychology/Counseling services under EPSDT do not include PCSC services

Medicaid procedure code:

- PCSC: H0004HK
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 32/Day

Physical Therapy (PT)

Available in Comprehensive, Support and PfH Waivers

- Treats physical motor dysfunction through various modalities as prescribed by a physician and following a physical motor evaluation
- Provided to individuals who demonstrate developmental, habilitative, or rehabilitative needs in acquiring skills for adaptive functioning at the highest possible level of independence
- Includes consultation provided to families, other caretakers, and habilitation service providers
- PT is available for adults through State Plan for rehabilitation only (if exhausted or the needs are other than rehabilitation, can be authorized through the waiver)
- Children must access, utilize and exhaust State Plan PT prior to the waiver being authorized

Medicaid procedure code:

- Physical Therapy: 97110
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 8/ Day
- Physical Therapy, Consultation: 97110

- Unit of Service: 15 minutes
- Maximum Units of Service: 8/ Day

Professional Assessment and Monitoring **Available in all Waivers**

- A face to face visit to evaluate need and identify appropriate assistance
 - Including:
 - Any special instructions for the individual and their caregivers to reduce the need for routine health professional visits and prevent higher level of care
 - Limited diagnosis and treatment
 - Nutritional care plans
 - Medication injections
 - Nutritional therapy beyond what is covered by Medicare and Medicaid
- Written reports are required to be sent to the Support coordinator
- Service may be provided by an RN, LPN under supervision of an RN, and a licensed dietitian
- This service must not supplant State Plan services
- Excludes Diabetes Self- Management Training available under State Plan
- Excludes Nutrition Therapy prescribed by a physician for persons eligible for Medicare who have diabetes or renal diseases

Medicaid procedure code(s):

- Professional Assessment and Monitoring, Registered Nurse: T1002
 - Unit of Service: 15 Minutes
 - Maximum Units of Service: 48/ Day
- Professional Assessment and Monitoring, Licensed Practical Nurse: T1003
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 48/ Day
- Professional Assessment and Monitoring, Dietician: S9470
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 48/ Day

Shared Living (Service title in waiver is Host Home) **Comprehensive waiver only**

- Private home licensed or certified by the Division of DD, where a family accepts the responsibility for caring for up to three individuals with DD.
- Individuals may also reside in their own home, with services provided by a live-in companion
- Offers a safe and nurturing home by giving guidance, support and personal attention
- Helps the individual learn and use community resources and services as well as participate in activities that are valued and appropriate for the individual's age, gender and culture
- Ensures that the individual's identified health and medical needs are met
- A host family or companion may be directly employed by or under contract with an agency licensed by and under contract with DMH
- Service may include:
 - Basic personal care and grooming including bathing, hair care, etc.
 - Assistance with bladder and/or bowel requirements
 - Assisting the individual with medications
 - Assessing, monitoring, and supervising the individual to ensure safety, health and welfare
 - Light house cleaning tasks
 - Skill development
- Flat rate based on intensity and difficulty of care, and whether services are in a rural or urban geographic region.

- Parents of a minor child, legal guardian, and spouses cannot be providers for their child, ward or spouse
- Individuals may receive other waiver services except for group home, ISL and Personal Assistance
- Individuals may not receive Adult Day Healthcare or State Plan Personal Care service

Medicaid procedure code:

- Host Home (Shared Living): S5136
 - Unit of Service: Day
 - Maximum Units of Service: 1/ Day

Specialized Medical Equipment and Supplies (Adaptive Equipment)

Available in all Waivers

- Includes devices, controls, or appliances which enable the individual to increase their abilities to perform Activities of Daily Living, or to perceive control or communicate with the environment they live in
- Includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, durable and non-durable medical equipment and supplies and equipment repairs (when not covered by State Plan)
- Includes incontinence supplies
- State Plan must be authorized and exhausted first prior to using this waiver service
- Cost limit is \$7,500 per waiver year (7/1-6/30 for Comprehensive, Support and Autism Waivers; 10/1-9/30 for MOCDD and PfH Waivers)

Medicaid procedure code:

- Specialized Medical Equipment and Supplies: T2029
 - Unit of Service: 1 Job
 - Maximum Units of Service: 1/ Month

Speech Therapy (ST)

Available in Comprehensive, Support, and PfH Waivers

- For individuals who have speech, language and hearing impairments
- Provided by a licensed speech language therapist or by a provisionally licensed speech therapist working with supervision from a licensed speech therapist
- An evaluation must be completed
- Must be prescribed by a physician
- Treatment for delayed speech, stuttering, spastic speech, aphasic disorders, and hearing disabilities requiring specialized auditory training, lip reading, signing or use of hearing aid
- May include consultation provided to families, other caretakers and habilitation service providers
- ST is available for adults through State Plan for rehabilitation only (if exhausted or the needs are other than rehabilitation can be authorized through the waiver)
- Children must access, utilize and exhaust State Plan ST prior to the waiver being authorized

Medicaid procedure code:

- Speech therapy: 92507
 - Unit of Service: 15 minutes
 - Maximum Units of Service: 8/ Day
- Speech Therapy, consultation: 92507
 - Unit of Service: 15 Minutes
 - Maximum Units of Service: 8/ Day

Support Broker**Available in all Waivers**

- Provides information and assistance to the individual or designated representative for the purpose of directing and managing supports
- Includes practical skills training and provides information on recruiting and hiring personal assistant workers, managing workers and providing information on effective communication and problem solving
- Provides information and assistance to:
 - Establish work schedules for the employees
 - Help manage the budget when requested or needed
 - Seek other supports or resources
 - Define goals, needs, preferences, identifying and accessing services, supports and resources
 - Implementing practical skills training
- For more information on information and assistance and training requirements please see the waiver manual for complete definition
- Is a direct service
- May not be a parent, guardian, or other family member
- Cannot serve as a personal assistant or any other waived services for that individual

Medicaid procedure code:

- Support Broker, Individual, Self-Directed: T2041U2
 - Unit of Service: 15 Minutes
 - Maximum Units of Service: 32/ Day
- Support Broker, Agency: T2041
 - Unit of Service: 15 Minutes
 - Maximum Units of Service: 32/ Day

Temporary Residential Service**Available in PwH Waiver only**

- Care provided outside the home in a licensed, accredited or certified waiver residential facility, ICF/ID or State Habilitation Center by trained and qualified personnel
- The need for this service has to be an identified need through the planning process which would include the individual, guardian if applicable, the primary caregiver, other family members, support coordinator, and any other parties the individual requests
- The purpose of temporary residential is to provide planned relief to the customary caregiver and is not intended to be permanent placement
- If the needs of the individual exceed the Partnership for Hope Waiver annual cap, or the ISP identifies an ongoing need for out of home services, then the planning team would work to transition the individual to another Developmental Disabilities Waiver to meet their needs. FFP is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence
- The service is limited to 60 days per year. This limit may be exceeded on an individual basis when necessary to protect the health and welfare of a waiver participant subject to the approval of both the county board and regional directors

Medicaid procedure code:

- Temporary Residential, Day: H0045
 - Unit of Service: Day
 - Maximum Units of Service: 1/ Day
- Temporary Residential, 15 minutes: H0045
 - Unit of Service: 15 minutes
 - 15 minute units are billed for dates the service is delivered on less than a 24 hour basis.

Transportation**Available in All Waivers**

- To assist individuals in accessing waiver and other community services
- Not to supplant transportation provided to providers of medical services nor emergency medical transportation
- Variety modes of transportation may be used

Medicaid procedure code:

- Transportation: A0120
 - Unit of Service: Month
 - Maximum Units of Service: 1/ Month

This guideline will be reviewed and updated annually, if needed.